

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS  | CL NO. | DATE     |
|---------------------------|-----------|--------|----------|
| FEE DETERMINATION         |           |        |          |
| O.I.P.E. CLASSIFIER       | <i>Dr</i> | 32     | 6/19     |
| FORMALITY REVIEW          |           |        |          |
| RESPONSE FORMALITY REVIEW | <i>Zm</i> | 927    | 06/18/02 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     | ✓        |      |
| 2     | ✓     | ✓        |      |
| 3     | ✓     | ✓        |      |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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